Expanding the Scope of Acute Care Nurse Practitioners With a Registered Nurse First Assist Specialty
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Question
What is an acute care nurse practitioner (ACNP) with a registered nurse first assist (RNFA) specialty?

Answer
The ACNP with an RNFA specialty is an advanced practice nurse with the specialized knowledge and skills to function in advanced perioperative nursing. This role developed in response to social, legal, political, and professional factors derived from a rapidly evolving surgical healthcare environment. The ACNP/RNFA role has emerged as one of the most exciting opportunities for nurses who wish to practice in all aspects of perioperative nursing. Discussion of the role, the educational process, credentialing and privileging, employment opportunities, and reimbursement of the ACNP/RNFA assists healthcare team members to understand the unique aspects and contributions of this role in the surgical continuum.

The ACNP/RNFA Role
The 2004 revised Association of periOperative Registered Nurses (AORN) official statement on RN first assistants defines the RNFA as a perioperative nurse who collaborates with the surgeon and other healthcare team members from the preoperative assessment period to the surgical procedure and through the recovery phase of the surgical continuum to achieve optimal patient outcomes. All state boards of nursing recognize the role of the RNFA as being within the scope of nursing, but each state may vary in RNFA scope of practice. In general, an ACNP/RNFA is licensed as an advanced practice nurse as outlined by his or her state's nurse practice act. The ACNP can function as an RNFA following the verification of specialized education from an accredited RNFA program by the Certification Board of Perioperative Nursing. The ACNP/RNFA practices within a specialty area of perioperative nursing, which includes preoperative, intraoperative, and postoperative care. In 1995, AORN adopted the American Nurses Association definition of advanced practice and applied it to the role of the advanced perioperative nurse. Responsibilities include obtaining comprehensive histories and physicals, addressing actual or potential health problems, and diagnosing and treating actual or potential health problems in collaboration with members of the healthcare team, which

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includes the use of pharmacological agents and integration of clinical practice, education, research, leadership, and consultation into the advanced practice position. These responsibilities may differ depending on patient population, practice environment, services, employment contracts, institutional medical bylaws, and state nurse practice acts. Table 2 summarizes the common responsibilities of the ACNP/RNFA.

### Education Preparation of the ACNP/RNFA

The AORN also recommends that RNFA education be obtained in a college or university setting and include specific instructions related to the RNFA role and functions, an in-depth knowledge of anatomy related to surgical interventions, and a surgeon-supervised clinical practicum. Each of these educational components should be one full academic semester in length. The curriculum should also adhere to all aspects of the AORN-recommended standards for RNFA education to facilitate advanced knowledge and skills, safe and competent surgical care, and optimal surgical outcomes. RNFAQs are expected not only to understand the physiology of the surgical intervention but also to anticipate these interventions without instructions. Advanced critical thinking and problem-solving skills are, therefore, necessary to be successful in this role. Consequently, an evolving educational trend is the merging of the ACNP and RNFA curriculums to develop these professional competencies and meet the demand for advanced surgical practitioners. Table 3 is an example of an ACNP/RNFA curriculum from the University of Alabama at Birmingham. Students in this curriculum have integrated clinical experiences in all aspects of perioperative nursing and are able to complete their residency in a specialized area of surgery. Graduates of the ACNP/RNFA program are eligible for national certification as an ACNP. Upon meeting eligibility requirements, ACNPs may also apply for RNFA certification through the Certification Board of Perioperative Nursing.

### Credentialing and Privileging

Credentialing is the process in which professionals provide evidence that they are qualified to perform clinical activities. This process is a competency-based system and focuses on the educational preparation, practice experiences,
licensure, certifications, professional liability insurance, and professional references of the applicant. Privileging is the process by which an organization grants its professionals the authorization to perform specific clinical activities. The ACNP/RNFA applies to an organization for credentialing and privileging as both an advanced practice nurse and an RNFA. The organization’s credentialing body then delineates the scope of practice, ensures role competencies, performs outcome assessments, and prevents liability issues by verifying that qualifications, education, and experiences match the requested clinical privileges of the applicant. If a credentialing review system is not in place, a mechanism must be created before implementing the role of ACNP/RNFA.

Reimbursement and Employment Opportunities for ACNP/RNFA Services

Surgical nurse practitioners are employed in a variety of settings and practices and, traditionally, have worked for various healthcare organizations or physician practices. However, emerging opportunities exist for the ACNP/RNFA who wants to pioneer the role in nontraditional employment arrangements such as partnerships with surgical practices either as an independent contractor for surgical services or an entrepreneur of ACNP/RNFA services. These opportunities are influenced by one’s state practice act for advanced practice and, in particular, the requirements for collaborative practice agreements. However, depending on the employment arrangements, the ACNP/RNFA can be reimbursed in 1 of 3 ways. These methods include the following: (1) fee for services, which is a good choice for self-employed surgical practitioners providing intraoperative services only; (2) a percentage of the surgeon’s fee (currently Medicare reimburses at 13.6% of the surgeon’s fee,\textsuperscript{5(p144)}) which is a good selection if the ACNP works as an employee or independent contractor, or is self-employed and provides all phases of perioperative nursing services; and (3) capitation for services, which offers a fixed amount at predetermined intervals such as monthly, quarterly, or semiannually. This last option is a good choice for the ACNP/RNFA who wishes to provide specialized or selective services for managed care organizations as an independent contractor or entrepreneur. In addition, an ACNP/RNFA can do his or her own billing or use billing companies for a nominal fee. Medicare requires that the claim be submitted under his or her provider number and with appropriate surgical modifiers appended to the reported surgical assistant codes.

Conclusion

Exciting opportunities exist for the ACNP who desires to expand his or her scope of practice in an RNFA specialty. The ACNP/RNFA assists the patient along the surgical continuum and provides preoperative, intraoperative, and postoperative care. The increasing demand by the surgical healthcare environment mandates practitioners who have met RNFA education standards to provide competent, safe, and quality surgical care. The ACNP/RNFA is in an ideal position to meet this need and respond to the rapidly evolving needs of surgical patients in a wide variety of settings and practices.

References